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7 UNITED STATES DISTRICT COURT
8 WESTERN DISTRICT OF WASHINGTON
AT SEATTLE

9 Aleksandr Dmitrievich Kirilichev,

10 Petitioner,

11 v.

12 Albatros Ltd.,

13 Respondent.
14

Case No. 2:16-cv-00978-RAJ

DECLARATION OF TODD M. HINNEN
IN SUPPORT OF MOTION FOR DEFAULT

15
16 1. I am an attorney admitted to practice before this Court and a member of the firm
17 Perkins Coie LLP, counsel for Petitioner Aleksandr Dmitrievich Kirilichev in this proceeding. I
18 submit this declaration in support of Petitioner's Motion for Default. I am fully familiar with the
19 facts set forth herein, which are made based on personal knowledge and/or the documents
20 referenced below.

21 2. The Petition initiating this action was filed with the Clerk of the United States
22 District for the Western District of Washington at Seattle on June 24, 2016. Dkt. 1.

23 3. On September 1, 2016, Petitioner filed a Motion to Allow Service by Mail under
24 Fed. R. Civ. P. 4(h)(1) and RCW 23.95.450 because neither Respondent's president nor its
25 registered agent could with reasonable diligence be served. Dkt. 5.
26

DECLARATION OF TODD M. HINNEN IN SUPPORT
OF PETITIONER'S MOTION FOR DEFAULT – 1

133207440.1

Perkins Coie LLP
1201 Third Avenue, Suite 4900
Seattle, WA 98101-3099
Phone: 206.359.8000
Fax: 206.359.9000

1 4. On September 21, 2016, the Court granted Petitioner's Motion to Allow Service by
2 Mail and permitted Petitioner to "serve Respondent by registered or certified mail, return receipt
3 requested, or by similar commercial delivery service, addressed to Respondent at Respondent's
4 principal office, as shown in Respondent's most recent annual report filed by the Secretary of
5 State." Dkt. 8.

6 5. Attached to this Declaration as **Exhibit A** is a true and correct copy of the most
7 recent annual report for Albatros Ltd. ordered at my direction from the Washington Secretary of
8 State on April 4, 2016, and received on April 5, 2016. According to the Annual Report, the
9 address of Respondent's Principal Place of Business is 533 157th Ave. SE, Bellevue, Washington
10 98008.

11 6. At my direction, copies of the summons, petition, and supporting documents were
12 mailed to Respondent's principal place of business at 533 157th Ave. SE, Bellevue, Washington
13 98008. These documents were sent with sufficient postage by certified mail to Respondent's
14 Principal Place of Business on September 20, 2016. They were delivered to Respondent's
15 Principal Place of Business on September 21, 2016. A true and correct copy of the Proof of
16 Service is attached here as **Exhibit B**. *See also* Dkt. 9. A true and correct copy of Postal Service
17 Form 3800, "Certified Mail Receipt," showing the documents sent with sufficient postage to
18 Respondent's principal place of business on September 20, 2016, is attached here as **Exhibit C**. A
19 true and correct copy of Postal Service Form 3811, "Domestic Return Receipt," showing the
20 documents delivered to Respondent's principal place of business on September 21, 2016, is
21 attached here as **Exhibit D**.

22 7. Respondent has not appeared, answered, or in any way made contact with
23 Petitioner.
24

25 I declare under penalty of perjury under the laws of the State of Washington and the laws
26 of the United States of America that the foregoing is true and correct.

DECLARATION OF TODD M. HINNEN IN SUPPORT
OF PETITIONER'S MOTION FOR DEFAULT – 2

133207440.1

Perkins Coie LLP
1201 Third Avenue, Suite 4900
Seattle, WA 98101-3099
Phone: 206.359.8000
Fax: 206.359.9000

1 DATED this 11th day of November, 2016 in Seattle, Washington.
2
3

4 /s/ Todd M. Hinnen

5 Todd M. Hinnen WSBA #27176

6 **Perkins Coie LLP**

7 1201 Third Avenue, Suite 4900

8 Seattle, WA 98101-3099

9 Telephone: 206.359.8000

10 Facsimile: 206.359.9000

11 Email: THinnen@perkinscoie.com
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1 **CERTIFICATE OF SERVICE**

2 I hereby certify that on November 11, 2016 I electronically filed the foregoing with the
3 Clerk of the Court using the CM/ECF system and that I have mailed by United States Postal
4 Service the document to the following entities:

5 Albatros Ltd.
6 C/O Gueorgui Halatchev-Halberg
7 533 157th Ave SE
8 Bellevue, WA 98008

9 Albatros Ltd.
10 C/O Gueorgui Halatchev-Halberg
11 3046 177th Ave NE
12 Redmond WA 98052

13 I certify under penalty of perjury that the foregoing is true and correct.

14 Dated: November 11, 2016

15 By: s/ Todd M. Hinnen
16 Todd M. Hinnen #27176
17 **Perkins Coie LLP**
18 1201 Third Avenue, Suite 4900
19 Seattle, WA 98101-3099
20 Telephone: 206.359.8000
21 Facsimile: 206.359.9000
22 Email: THinnen@perkinscoie.com
23 Attorneys for Aleksandr Dmitrievich Kirilichev
24
25
26

EXHIBIT A



Renewal Agent for Secretary of State
State of Washington
Business Licensing Service



Profit Corporation Renewal & Annual Report

To dissolve this corporation, obtain the form at www.sos.wa.gov/corps

Name, Registered Agent, and Registered Office Address

FOR VALIDATION ONLY

03N-400-925-0003

1419-W

Unified Business ID No 602 934 262

State of Incorporation WA

Date of WA Inc./Auth. 06-22-2009

Expiration Date* 06-30-2014

ALBATROS LTD
C/O GUEORGUI HALATCHEV-HALBERG
3046 177TH AVE NE
REDMOND WA 98052

☒ **Important!** If the registered agent/office/mailling information is incorrect, mark the box and complete the reverse side of this form. If the address is incorrect, mailings may not be delivered and could result in the dissolution of your company.

RENEWAL SECTION *After renewal your new expiration date will be:

06-30-2015

RENEW ONLINE! Go to: CorpRenewal.wa.gov

Password: K793 77B9

Domestic Profit Corporation
Renewal Application Fee

\$ 60.00
11.00

Failure to return completed form and pay fees by the expiration date will result in \$25.00 late fee and may lead to the dissolution of your corporation.

Make check payable to **DEPARTMENT OF REVENUE**
in U.S. FUNDS only

TOTAL FEES DUE: \$71.00

FEES & REPORT
REQUESTED BY 06-16-2014

ANNUAL REPORT SECTION - REQUIRED

Does your company own land, buildings, or other real property in Washington? ☐ Yes ☒ No (See "Controlling Interest" on back)

Contact phone (206) 412-8546 Contact email georgegith@yahoo.com
(This email may be used for future electronic renewal notices)

Briefly describe the nature of your business TRADE SERVICE

Address of principal place of business 533-157TH AVE SE, BELLEVUE, WA 98008
ADDRESS CITY STATE ZIP

If incorporated outside Washington,
list the corporate office address

ADDRESS CITY STATE ZIP

List names and addresses of all corporate officers and all directors in your company. (If necessary, attach additional sheets in the same format Include your UBI number on each page)

GEORGE HALATCHEV-HALBERG BELLEVUE WA 98008
PRESIDENT'S NAME HOME OR BUSINESS ADDRESS CITY STATE ZIP

VICE PRESIDENT'S NAME HOME OR BUSINESS ADDRESS CITY STATE ZIP

SECRETARY'S NAME HOME OR BUSINESS ADDRESS CITY STATE ZIP

TREASURER'S NAME HOME OR BUSINESS ADDRESS CITY STATE ZIP

CHAIR, BOARD OF DIRECTORS NAME HOME OR BUSINESS ADDRESS CITY STATE ZIP

If you have "no directors", state who performs the duties normally assumed by corporate directors

X Halberg

THIS DOCUMENT IS HEREBY EXECUTED UNDER PENALTIES OF PERJURY,
AND IS, TO THE BEST OF MY KNOWLEDGE, TRUE AND CORRECT

GEORGE HALBERG - PRES
PRINT NAME & TITLE (OFFICER / CHAIR)

602 934 262

05-06-14
DATE SIGNED

Telephone 1-800-451-7985

Please return to: **STATE OF WASHINGTON
BUSINESS LICENSING SERVICE
PO BOX 34456
SEATTLE WA 98124-1456**

**PROFIT CORPORATION STATEMENT OF CHANGE OF
REGISTERED AGENT OR REGISTERED OFFICE ADDRESS**
RCW 23B

1. NEW REGISTERED AGENT'S CONSENT. The Registered Agent must be a resident of, or a corporation registered in, Washington State.

Name of new (*successor*) Registered Agent (*please print*): _____

I hereby consent to serve as Registered Agent. As such, I will accept and forward Service of Process and all mail to the corporation. In the event of my resignation, or any change in the Registered Office address, I will notify the Secretary of State immediately.

X _____

SIGNATURE OF AGENT NAMED ABOVE

TITLE

DATE SIGNED

If you are signing as the authorized representative of a corporation, you must give your title.

2. The registered office street address is required. It must be identical to the **business** address of the Registered Agent and must be located in the state of Washington. A Post Office Box may be used for mailing purposes only.

New Registered Address: _____ **WA** _____
REQUIRED: STREET & NUMBER OR RURAL ROUTE CITY ZIP

PO Box for Mailing: _____ **WA** _____
OPTIONAL: POST OFFICE BOX NUMBER CITY ZIP

CONTROLLING INTEREST

"Real property" means land or anything affixed to land, including standing timber or crops.

Examples: Buildings, condominiums, used park model trailers, used floating homes, underground irrigation systems or utilities and other types of equipment that are permanently affixed to the land.

See WAC 458-61a-102 for additional information.

Answer the following questions **only** if you answered "yes" to the question about owning land, buildings, or other real property in Washington on the front of this form:

A controlling interest transfer is when 50% or more of the ownership in an entity changes hands as defined under RCW 82.45.010(2).

1. Has there been a transfer of stock, other financial interest change, or an option agreement exercised during the last 12 months that resulted in a transfer of controlling interest? ☐ Yes ☐ No
2. Has an option agreement been executed in the last 12 months allowing for the future purchase or acquisition of the entity, that, if exercised would result in a transfer of controlling interest? ☐ Yes ☐ No

You must contact the Washington State Department of Revenue to report a Controlling Interest Transfer **IF**:

- This company owns land, buildings, or other real estate in Washington State,
- AND**
- You answered "YES" to question 1 above.

Failure to report a Controlling Interest Transfer is subject to the penalty provisions of RCW 82.45.220.

For more information on Controlling Interest, please call the Department of Revenue at (360) 570-3265 or visit their website at www.dor.wa.gov

EXHIBIT B

AO 440 (Rev. 06/12) Summons in a Civil Action

UNITED STATES DISTRICT COURT

for the

Western District of Washington

Aleksandr Dmitrievich Kirilichev

Plaintiff(s)

v.

Albatros Ltd.

Defendant(s)

Civil Action No. 16-cv-00978-RAJ

SUMMONS IN A CIVIL ACTION

To: (Defendant's name and address) Albatros Ltd.
533 157th Ave. SE
Bellevue, WA 98008

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are: Todd M. Hinnen
Perkins Coie LLP
1201 Third Ave. Suite 4900
Seattle, WA 98101

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

Date: June 27, 2016

CLERK OF COURT

[Signature]

Signature of Clerk of Court



Civil Action No. _____

PROOF OF SERVICE

(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))

This summons for *(name of individual and title, if any)* Albatros Ltd.

was received by me on *(date)* 9/20/2016.

☐ I personally served the summons on the individual at *(place)* _____
on *(date)* _____; or

☐ I left the summons at the individual's residence or usual place of abode with *(name)* _____
_____, a person of suitable age and discretion who resides there,
on *(date)* _____, and mailed a copy to the individual's last known address; or

☐ I served the summons on *(name of individual)* _____, who is
designated by law to accept service of process on behalf of *(name of organization)* _____
on *(date)* _____; or

☐ I returned the summons unexecuted because _____; or

☒ Other *(specify)*: I mailed the summons via certified mail and UPS to the Respondent's principal office pursuant to Fed. R. Civ. P. 4(h)(1) and RCW 23.95.450.

My fees are \$ _____ for travel and \$ _____ for services, for a total of \$ 0.00.

I declare under penalty of perjury that this information is true.

Date: 9/20/16



Server's signature

Kathryn Klemperer, Legal Secretary

Printed name and title

1201 Third Ave., Ste. 4900, Seattle, WA 98125

Server's address

Additional information regarding attempted service, etc:

EXHIBIT C

7007 2680 0000 4480 7074

U.S. Postal Service TM *Kiemper*
CERTIFIED MAILTM RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage	\$ 6.80
Certified Fee	3.30
Return Receipt Fee (Endorsement Required)	2.70
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 12.80



Sent To	George Halatcher, Albatross Ltd.
Street, Apt. No., or PO Box No.	533 151 th Ave. S.E.
City, State, ZIP+4	Bellvue, WA 98008

PS Form 3800, August 2006

See Reverse for Instructions

EXHIBIT D

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature <input checked="" type="checkbox"/> <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p>George Halatchev Albatros Ltd. 533 157th Ave. SE, Bellevue, Washington 98008</p>		<p>B. Received by (Printed Name) <i>LARRY AMERSON</i> C. Date of Delivery <i>21 Sep 16</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>2. Article Number (Transfer from service label) 7007 2680 0000 4480 7074</p>		<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
<p>PS Form 3811, February 2004</p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p> <p>Domestic Return Receipt</p> <p>102595-02-M-1540</p>	

<p>UNITED STATES POSTAL SERVICE</p> <p>WA 980</p> <p>22 SEP '16</p>	<p>First-Class Mail Postage & Fees Paid USPS Permit No. G-10</p>
<p>• Sender: Please print your name, address, and ZIP+4 in this box •</p> <p>Nicola Menaldo Perkins Coie 1201 Third Avenue, Suite 4900 Seattle, WA 98101</p>	

1-309999